

# **EXHIBIT 25**

**RESPONSE OF DR. FRANK AND DR. WHITEHOUSE TO REPORT OF  
GRACE'S DR. J. PARKER, 7/29/07**

**1. Physical examination in asbestos related disease (ARD).**

We concur that a physical examination is necessary for diagnosis of asbestos-related disease, particularly to rule out alternative plausible causes for the findings. ATS (2004) Official Statement, p.691.

**2. ILO readings.**

Dr. Parker, p.4, states that "International Labor Organization (ILO) Guidelines are universally used for the radiographic identification of non-malignant respiratory disease of the pleura and the lung parenchyma in asbestos exposed workers." This is not the case. Use is not "universal." In over 30 years clinical experience in the Northwest, Dr. Whitehouse has found use of the ILO classifications in x-ray reports on workers to be extremely rare. Dr. Frank agrees that in his extensive experience with chest x-ray reports on asbestos exposed workers, use of the ILO classification by treating physicians and radiologists is extremely rare.

**3. "Unique" disease.**

Only hired experts for W.R. Grace and the ACC have used the term "unique Libby disease." There are distinct patterns to asbestos-related disease from exposure to Libby winchite asbestos, but there are no physically distinct pattern of lung injury. The difference is in degree not kind, as is explained in the Whitehouse Report 12/29/08.

**4. Misdiagnosis; mislabeling.**

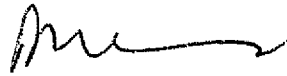
Dr. Parker, p.15, writes: "A misdiagnosis or mislabeling or an over emphasis on an asbestos-related disease can have important untoward consequences for individuals." We agree with the general observation and add that it does not apply to Libby. Doctors at the CARD Clinic in Libby generally use the term "asbestos-related disease (ARD)," another umbrella term for asbestos interstitial disease and pleural disease per ATS (2004) Official Statement, p.691. The term "asbestosis" is generally not applied to

cases of pleural plaques only. It is sometimes applied to cases of interstitial disease and/or diffuse pleural thickening, both of which are serious diseases. There are no "dire consequences for mis-diagnosed individuals." Prognosis is discussed with the patient. We recognize that in Libby the sequellae of diffuse pleural thickening and asbestos interstitial disease are both serious, and are not separate disease entities.

## REFERENCES

ATS (2004) Official Statement, Diagnosis and Initial Management of Nonmalignant Diseases Related to Asbestos, Am J Respir Crit Care Med, Vol. 170: 691-715 (2004)

DATED this 14 day of May, 2009.



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Dr. Alan C. Whitehouse

DATED this 14<sup>th</sup> day of May, 2009.

Arthur L. Frank MD  
Dr. Arthur Frank